MARYLAND STATE DEPARTMENT OF HEALTH

10015

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's; STATE MARYLAND; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN St. Inigoes; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Inigoes; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Brooks

4. DATE OF DEATH: (Month) Oct (Day) 16 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 1875?

9. AGE last birthday: 74? yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Stephen Washington

14. MOTHER'S MAIDEN NAME: Mary Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: William H. Brooks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hematemesis — Interval between onset and death: 16 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of stomach — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 16, 1949, to Oct 16 1949, that I last saw the deceased alive on Oct 16, 1949, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE R J Benn (Degree or title) MD ADDRESS Great Mills Md DATE SIGNED 10/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 10-19-49; NAME OF CEMETERY OR CREMATORY Mt. Zion; LOCATION (City, town, or county) St. Inigoes, (State) Md.

DATE REC'D BY LOCAL REG. 10/19/49; REGISTRAR'S SIGNATURE Chancellor; 24. FUNERAL DIRECTOR C B Robinson; ADDRESS Leonardtown Md.

RECEIVED
OCT 20 1949
BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10016

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, Md.
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, U.S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, Md.
STREET ADDRESS (If rural, give location) USNAS

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Patrick Lynn Cameron

4. DATE OF DEATH (Month) (Day) (Year) Oct. 7 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 9-25-49
9. AGE last birthday - yrs. If under 1 year Months - Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Maryland, Patuxent River
12. CITIZEN OF WHAT COUNTRY? -

13. FATHER'S NAME Marvin Lewis Cameron
14. MOTHER'S MAIDEN NAME Roselene Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - (If year, give war or dates of service)
16. SOCIAL SECURITY NO. -
17. INFORMANT AND ADDRESS Father, M.L. Cameron, USN USNAS PATUXENT RIVER, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bilateral Massive Bronchopneumonia	36 Hrs.
763.5 Antecedent cause(s)		
159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	12 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 25, 1949, to Oct. 7, 1949, that I last saw the deceased alive on Oct. 7, 1949, and that death occurred at 8:05 a.m., from the causes and on the date stated above.

SIGNATURE J. P. Moran (Degree or title) ADDRESS DATE SIGNED
J. P. MORAN, CDR MC USN, U.S. Naval Air Station, Patuxent River, Md. 10-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 10-8-49
NAME OF CEMETERY OR CREMATORY Poplar Hill
LOCATION (City, town, or county) (State) Valley Lee, Md.

DATE REC'D BY LOCAL REG. 10/8/49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR P. B. Robinson ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 11 1949
BUREAU V. S.

10017

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlotte Hall, MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Louis (Middle) Edward (Last) Countiss
4. DATE OF DEATH (Month) 10 (Day) 11 (Year) 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4/21/1916
9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William Countiss
14. MOTHER'S MAIDEN NAME Mary E Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Margaret J. Countiss

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 Immediate cause (a) 2° & 3° burns of body — 2 days

170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. laceration of scalp.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Charlotte Hall (COUNTY) St. Mary's (STATE) Md.
TIME OF INJURY (Month) 10 (Day) 9 (Year) 49 (Hour) 8 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto collision & explosion of gas tank

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Leonardtown, Md DATE SIGNED 10/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/14/49
NAME OF CEMETERY OR CREMATORY St. Josephs
LOCATION (City, town, or county) Morganza (State) Md.
DATE REC'D BY LOCAL REG. 10/12/49
REGISTRAR'S SIGNATURE Cannalier
24. FUNERAL DIRECTOR P.B. Robinson ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 14 1949
BUREAU Y. S.

10018

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH · COUNTY: St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.F.D. #2 Leonardtown
LENGTH OF STAY (in this place): 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.F.D. #2 Leonardtown
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) Elmer (Middle) (Last) Curtis
4. DATE OF DEATH (Month) Oct (Day) 23 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Mch 4, 1889
9. AGE last birthday: 60 yrs. If under 1 year: Months 7 Days 19 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Louis Milburn
14. MOTHER'S MAIDEN NAME: Margarit White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Catharine Curtis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331	Immediate cause	(a) Cerebral Hemorrhage	3 days
830	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	Many years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1949, to Oct 23 1949, that I last saw the deceased alive on Oct 21, 1949, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE: Frank A. Camalier (Degree or title) MD — ADDRESS: Leonardtown, Md — DATE SIGNED: 10/24/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Oct 25-49
NAME OF CEMETERY OR CREMATORY: St Francis Xavier
LOCATION (City, town, or county): Compton St Marys (State) Md
DATE REC'D BY LOCAL REG.: 10/24/49
REGISTRAR'S SIGNATURE: Camalier
24. FUNERAL DIRECTOR: Joe C. Mattingley — ADDRESS: Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 28 1949
BUREAU V. S.

10019

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY St. Mary's — STATE MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DAVID	SAMUEL	FRAZIER	OCT	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	S/NEVER	AUG 19 1949	6 weeks				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	MD.	U.S.A

13. FATHER'S NAME: RUSSELL W. FRAZIER
14. MOTHER'S MAIDEN NAME: MARGARET M. DUKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	—	FATHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation (accidental)

924.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

182

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
accident	Home	Leonardtown	St. Mary's	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
Oct. 6 1949 1 p.m.		Choking on food

22. I hereby certify that I attended the deceased from 10/6/49, to 10/6/49, that I last saw the deceased alive on 10/6/49 and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank A. Carnaley MD	Leonardtown Md	10/7/49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10-7-49	Old St Aloysius	Near Leonardtown St Mary's Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR. ADDRESS
10/7/49	Carnaley	Jos. C. MATTINGLEY LEONARDTOWN MD.

RECEIVED
OCT 8 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10020

CERTIFICATE OF DEATH

Reg. Dist. No. 2-12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Holly Wood
LENGTH OF STAY (in this place): 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Holly Wood
STREET ADDRESS (If rural give location): R F D 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Perry	Elmer	Huffman	Oct	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	July 20 1893	56 yrs.	3	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm operator		Virginia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Huffman	Elizabeth Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	no	579-01-5413	Mrs Perry E. Huffman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — 3 hrs

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct 24, 19 49, to Oct 24, 19 49, that I last saw the deceased alive on Oct 24, 19 49, and that death occurred at 3.15 Am., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank A. Cancalis	MD	Leonardtown, Md	10/24/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct 26-1949	Fort Lincoln	Washington	DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/24/49	Cancalis	Jos C. Mattingley	Leonardtown

RECEIVED
OCT 26 1949
BUREAU V. S.

10021

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Rt. 2 — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Rt. 2
STREET ADDRESS (If rural give location) Box

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) Louise (Last) Johnson
4. DATE OF DEATH: (Month) Oct (Day) 9 (Year) 1949
5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 26, 1948
9. AGE last birthday 1 yrs. — If under 1 year: Months 5, Days 14 — If under 24 hrs.: Hours —, Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME William B. Johnson
14. MOTHER'S MAIDEN NAME Lillian M. Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia (terminal)
759.3
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
108
(b) Congenitally Defeated
(c) Mentally & Physically

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1948, to Oct 9, 1949, that I last saw the deceased alive on Oct 9, 1949, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Paul A. Camalier MD — Leonardtown — 10/10/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/11/49 — NAME OF CEMETERY OR CREMATORY St. Aloysius — LOCATION (City, town, or county) Leonardtown — (State) Md.

DATE REC'D BY LOCAL REG. 10/10/49 — REGISTRAR'S SIGNATURE C. Camalier

24. FUNERAL DIRECTOR Jas. L. Mattingley — ADDRESS Leonardtown Md.

VS. A15

RECEIVED
OCT 12 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10022

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Mary's City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Infant Keister

4. DATE OF DEATH (Month) (Day) (Year) 10 - 21 - 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10-11-49
9. AGE last birthday yrs. If under 1 year Months. Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Leon Keister
14. MOTHER'S MAIDEN NAME Nellie Shawen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Leon Keister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

773.5 Immediate cause (a) Inanition

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity (5 mon)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1949, to Oct 21, 1949, that I last saw the deceased alive on Oct. 21, 1949, and that death occurred at 5:20 p m., from the causes and on the date stated above.

SIGNATURE Frank A. Camalier (Degree or title) MD ADDRESS Leonardtown Md DATE SIGNED 10/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/22/49
NAME OF CEMETERY OR CREMATORY Poplar Hill
LOCATION (City, town, or county) Valley Lee Md. (State)

DATE REC'D BY LOCAL REG. 10/22/49
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR A.B. Robinson ADDRESS Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 25 1949
BUREAU V. S.

10023

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH — COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE New York — COUNTY Niagara
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewiston
STREET ADDRESS (If rural give location) Carnlea Farm ✓

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Wade (Last) MacLaughlin
4. DATE OF DEATH (Month) 10 (Day) 7 (Year) 1949

5. SEX F.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov. 14, 1884
9. AGE last birthday 64 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) North Ireland.
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME James Barr
14. MOTHER'S MAIDEN NAME Eliza

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 071-20-3622
17. INFORMANT Mrs. William C. Jones.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 Immediate cause (a) Congestive Heart failure — 4 days

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bilateral Hypostatic Pneumonia — 11 days.

(c) Diabetes mellitus — 10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 26, 1949 to Oct 7, 1949 that I last saw the deceased alive on Oct. 7, 1949, and that death occurred at ~~[illegible]~~ 1:18 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. H. Patrick MD — ADDRESS Lexington Park Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 10-8-49 — NAME OF CEMETERY OR CREMATORY Memorial Park — LOCATION (City, town, or county) Lewiston N.Y. (State)

DATE REC'D BY LOCAL REG. 10-8-49 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR S. B. Robinson — ADDRESS Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
OCT 11 1949
BUREAU T. S.

Aug 1946 - 47
10024

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. George Island
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. George Island
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ANN (Last) PEARSON
4. DATE OF DEATH (Month) Oct (Day) 5 (Year) 1949
5. SEX FEMALE
6. COLOR OR RACE NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW
8. DATE OF BIRTH July 4, 1899
9. AGE last birthday 50 yrs. If under 1 year Months 3 Days 1 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOSEPHUS CAMPBELL
14. MOTHER'S MAIDEN NAME GEORGEINA TAYLOR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT GENEVA BARNES

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 days

490

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

108

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1949, to Oct 5, 1949, that I last saw the deceased alive on Oct 4, 1949, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Bean MD — ADDRESS Great Mills Md — DATE SIGNED Oct 6/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF Oct 8, 1949
NAME OF CEMETERY OR CREMATORY, ST. GEORGES BAPTIST
LOCATION (City, town, or county) ST. GEORGES IS. (State) MD.
DATE REC'D BY LOCAL REG. 10-6-49
REGISTRAR'S SIGNATURE P J Bean MD
24. FUNERAL DIRECTOR JOS. C. MATTINGLEY — ADDRESS LEONARDTOWN MD.

BEAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

F. MEAT YARD
ST. PAUL ISLAND

RECEIVED
OCT 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10025

CERTIFICATE OF DEATH

Reg. Dist. No. 2 8 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Marys — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN California; LENGTH OF STAY (in this place) 30 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN California; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Doshie (Middle) Jane (Last) Jennison

4. DATE OF DEATH: (Month) Oct (Day) 31 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 27 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months 9 Days 4; If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Francis Williams

14. MOTHER'S MAIDEN NAME: Susie Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: J. C. Jennison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary thrombosis — Interval between onset and death: 6 days

940a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1949, to Oct 30, 1949, that I last saw the deceased alive on Oct 29, 1949, and that death occurred at 9:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

O J Benn MD — Great Mills Md — 10-31-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Nov 2-1949 — NAME OF CEMETERY OR CREMATORY Holy Face — LOCATION (City, town, or county) (State) Great Mills St Marys Md

DATE REC'D BY LOCAL REG. Oct 31/49 — REGISTRAR'S SIGNATURE O J Benn MD — 24. FUNERAL DIRECTOR — ADDRESS Jos C. Mattingley Leonardtown Md

VS. A15

RECEIVED
NOV 3 1969
BUREAU V. R

10026

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH · COUNTY St Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 2 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Clements
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital	STREET ADDRESS (If rural give location) R.F.D. # 2

3. NAME OF DECEASED (Type or Print) (First) Rhodolphus (Middle) (Last) Thompson				4. DATE OF DEATH (Month) Oct (Day) 30 (Year) 1949			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug 31-1883	9. AGE last birthday 66 yrs.	If under 1 year Months 1	Days 30	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Maryland St Mary's			12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Benedict Thompson			14. MOTHER'S MAIDEN NAME Elizabetha Goodman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. —	17. INFORMANT Robert Thompson				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral hemorrhage — 4 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 19 Sept, 1949, to 30 Oct, 1949, that I last saw the deceased alive on 29 Oct, 1949, and that death occurred at 1:25 A.m., from the causes and on the date stated above.

SIGNATURE J Roy Guyther, M.D. (Degree or title) ADDRESS Mechanicsville DATE SIGNED 11/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Nov 2-1949	NAME OF CEMETERY OR CREMATORY St Joseph	LOCATION (City, town, or county) Moyanza St Mary's (State) Md
DATE REC'D BY LOCAL REG. 11/2/49	REGISTRAR'S SIGNATURE Cavalier	24. FUNERAL DIRECTOR Jos C. Mattingly	ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10027

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, California, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN California Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Warren (Middle) S. (Last) Thompson

4. DATE OF DEATH (Month) 10 (Day) 31 (Year) 1949

5. SEX male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH 4-25-1925

9. AGE last birthday 24 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & oystering

10b. KIND OF BUSINESS OR INDUSTRY Food production

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Louis Thompson

14. MOTHER'S MAIDEN NAME Cora R. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT John L. Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning, accidental — INTERVAL BETWEEN ONSET AND DEATH: 1 hour.

850.8

Antecedent cause(s)

172 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Patuxent River near California (CITY OR TOWN) St Marys (COUNTY) Md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 21, 1949 10A m.

INJURY OCCURRED While at Work ☑ Not While At work ☐

HOW DID INJURY OCCUR? while using patent tongs (oystering) the rope broke and he fell overboard.

22. I hereby certify that I attended the deceased from Oct 21, 1949, to Oct 21, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Bean MD — ADDRESS Great Mills Md — DATE SIGNED Oct 22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 10/24/49 — NAME OF CEMETERY OR CREMATORY Holy Face — LOCATION (City, town, or county) Great Mills (State) Md.

DATE REC'D BY LOCAL REG. Oct 22/49 — REGISTRAR'S SIGNATURE P J Bean MD

24. FUNERAL DIRECTOR P. B. Robinson — ADDRESS Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

OCT 25 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10028

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: ST. MARYS — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hollywood
LENGTH OF STAY (In this place): 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D #1

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: DELAWARE — COUNTY: NEW CASTLE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WILMINGTON
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	EDWARD	TOBIN	OCT	26	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	NOV 19-1912	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
CRATE OPERATOR	CONSTRUCTION	WEST VIRGINIA	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN EDWARD TOBIN	MARY FRANCES GRAGONY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
YES W.W II	213-03-2058	T. J. TOBIN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
322.0 **Immediate cause**	(a) Alcoholic coma	1 day
77e **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none m.	none	none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Tobin	M.D.	Leonardtown Md.	10/28/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	NOV 1, 1949	CATHEDRAL	WILMINGTON DEL.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/28/49	Chas. Allen	JOS. C. MATTINGLEY	LEONARDTOWN Md.

VS. A15A